



FINANCIAL AID OFFICE
ONLINE
 Tel: 866.527.5268 (Toll Free)
AUGUSTA
 Tel: 207.213.2500
CEDAR FALLS
 Tel: 319.277.0220
CEDAR RAPIDS
 Tel: 319.363.0481

DAVENPORT
 Tel: 563.355.3500
DES MOINES
 Tel: 515.727.2100
HAGERSTOWN
 Tel: 301.766.3600
INDIANAPOLIS
 Tel: 877.320.5430

LEWISTON
 Tel: 207.333.3300
LINCOLN
 Tel: 402.474.5315
MASON CITY
 Tel: 641.423.2530
MILWAUKEE
 Tel: 414.223.2105

OMAHA
 Tel: 402.431.6100
ROCKVILLE
 Tel: 301.258.3800
SOUTH PORTLAND
 Tel: 207.774.6126
ST. LOUIS
 Tel: 314.205.7900

2016–2017 Child Support Paid & Supplemental Nutrition Assistance Program (SNAP) Verification Worksheet Independent Student

Your 2016–2017 Free Application for Federal Student Aid (FAFSA) was selected for review in a process called verification. The law says that before awarding Federal Student Aid, we may ask you to confirm the information you reported on your FAFSA. To verify that you provided correct information the financial aid administrator at your school will compare your FAFSA with the information on this worksheet and with any other required documents.

If there are differences, your FAFSA information may need to be corrected. You must complete and sign this worksheet, attach any required documents, and submit the form and other required documents to the financial aid administrator at your school. Your school may ask for additional information. If you have questions about verification, contact your financial aid administrator as soon as possible so that your financial aid will not be delayed.

Please carefully read ALL instructions for each section PRIOR to completing each section. All fields marked with an asterisk (*) are required.

A. Independent Student's Information

* _____ * _____ * _____
 Student's Last Name Student's First Name M.I. Student's Social Security Number

* _____ * _____
 Student's Street Address (include apt. no.) Student's Date of Birth

* _____ * _____ * _____ * _____
 City State Zip Code Student's Email Address

* _____ * _____
 Student's Home Phone Number (include area code) Student's Alternate or Cell Phone Number

B. Independent Student's Other Information to Be Verified

1. Complete this section related to benefits received from the Supplemental Nutrition Assistance Program or SNAP (formerly known as food stamps) any time during the 2014 or 2015 calendar years. The Student's household includes:

- Yourself
- Your spouse, if you are married.
- Your children, if any, if you will provide more than half of their support from July 1, 2016, through June 30, 2017, or if the child would be required to provide your information if they were completing a FAFSA for 2016–2017. Include children who meet either of these standards, even if they do not live with you.
- Other people if they now live with you and you provide more than half of their support and will continue to provide more than half of their support through June 30, 2017.

___ One or more individuals included in the student's household size as reported in the FAFSA received SNAP benefits in 2014 or 2015
 If asked by my school, I will provide documentation of the receipt of SNAP benefits during 2014-2015.

___ No individuals in the student's household size as reported in the FAFSA received SNAP benefits in 2014-2015.

2. Complete the table if you (or your spouse, if married) paid child support in 2015. **Do not include child support received.**

Check the box that applies (Select ONLY one):

___ Neither I, nor my spouse (if married), paid child support in 2015.

___ Either I, or if married my spouse, paid child support in 2015. I have indicated below the name of the person who paid the child support, the name of the person to whom the child support was paid, the names of the children for whom child support was paid, and the total annual amount of child support that was paid in 2015 for each child. If asked by my school, I will provide documentation of the payment of child support.

For child support paid, do not list agency or State. **Each child must be listed separately.** You must list the name of the person. If you need more space, attach a separate page that includes the student's name and Social Security Number at the top.

Name of Person Who Paid Child Support	Name of Person to Whom Child Support Was Paid	Name of Child for Whom Child Support Was Paid	Age of Child	Amount of Child Support Paid in 2015
<i>Marty Jones (example)</i>	<i>Chris Smith</i>	<i>Terry Jones</i>	<i>12</i>	<i>\$6,000.00</i>

Note: If we have reason to believe that the information regarding child support paid is not accurate, we may require additional documentation, such as:

- A statement from the individual receiving the child support certifying the amount of child support received; or
- Copies of the child support payment checks, money order receipts, or similar records of electronic payments having been made.

C. Certification and Signature

.....
WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

I certify that all of the information reported on this worksheet is complete and correct. The student must sign this worksheet. If married, the spouse's signature is optional.

Students attending Kaplan University online must provide their original signature using blue or black ink.

 Student's Signature

 Date

 Spouse's Signature

 Date

Note: Do not mail this worksheet to the U.S. Department of Education. Submit this worksheet to the financial aid administrator at your school. You should make a copy of this worksheet for your records.